PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docke: Number 10782945

		(Colu	ımn 2) .	SMALL ENTITY TYPE OF				OTHER THAN SMALL ENTITY				
TOTAL CLAIMS			8					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		•			XS 9=		OR	XS18=	0
INDEPENDENT CLAIMS				nus 3 =	•			X43=		OR	X86=	,0.
ML	ULTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	-290=	0
* If the difference in column 1 is less than zero, er					"0" in c	olumn 2	į	TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OTHER THAN SMALL ENTITY		
Γ	CLAIMS				HEST (COIUMIN)		1		ADDI-	OR		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	•• .		8		X\$ 9=		OR	XS18=	
	Independent	NTATION OF MI	Minus			-		X43=		OR	X86=	
<u> </u>	FIRST PRESE	INTATION OF MIL	JETIPLE DE	PENDENT	CLAIM		' [+145=		OR	+290=	
							L	TOTAL		OR	TOTAL	
		,	ADDIT. FEE			ADDIT. FEE						
		(Column 1) CLAIMS		(Colum		(Cotumn 3)	1 -					
AMENDMENT B		REMAINING AFTER AMENDMENT	2.5	NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE:
NON	Total	•	Minus	**		=		XS 9=		OR	X\$18=	
AME	Incependent	NITATION OF ME	Minus	ENDENT	CLAIM	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	•
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	· ·
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		· =		X\$ 9=		OR	X\$18=	٠.
AME	Independent	*	Minus	····		. ·	r	X43=			X86=	
	FIRST PRESE	T PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OŖ		
* If the entry in column 1 is less than the entry is an in a series and a series an										OR	+290=	
!	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT. FEE	
٠ '	he "Highest Num	moer Previously Paid ber Previously Paid	For (Total or	independer	ress than 11) is the I	i 3, enter "3." highest number	r toun	d in the appr	opriate box	in colu	umn 1.	